

SEP-13-92 THU 12:39
09/14/92 12:20FAX NO. 592 731
LARIVIEREGRUBP. 02
0002**Declaration and Power of Attorney
for Patent Application****ATTORNEY'S DOCKET NO.: P614**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

Inventor: Mark Marion Citizenship: U. S.
Residence Address: 15606 NE 40th Street, Apt. V181, Redmond WA 98052
Post Office Address: 15606 NE 40th Street, Apt. V181, Redmond WA 98052

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Data Storage Optimization Method

the specification of which ☐ is attached hereto.
☒ was filed on June 7, 1995
Application Serial No. 08/480,618
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) (Number/Country/Date Filed/Priority Claims: Yes/No)
N/A

I hereby claim the benefit under Title 35, United States Code, Section 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application (list application Serial No./Filing Date/Status):
N/A

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

F. David LaRiviere Noel B. Hammond W. Eric Webstad Howard E. Morton
Pat. Reg. No. 27,207 Pat. Reg. No. 18,731 Pat. Reg. No. 35,406 Pat. Reg. No. 37,401

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SEND CORRESPONDENCE TO:

LaRiviere, Grubman & Payee
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Monterey, CA 93942-3140

DIRECT TELEPHONE CALLS TO:

Name: Howard E. Monos
Telephone: (408) 649-8800

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or 1st or joint inventor: Mark MarionInventor's Signature: Mark MarionResidence: 1506 NE 40th Street, Apt. V181, Redmond, WA 98052Post Office Address: 1506 NE 40th Street, Apt. V181, Redmond, WA 98052Dated: 9/14/95Citizenship: U.S.Full name of sole or 2nd or joint inventor, if any: None

Inventor's Signature: _____

Residence: _____

Post Office Address: _____

Dated: _____

Citizenship: _____

Full name of sole or 3rd or joint inventor, if any: None

Inventor's Signature: _____

Residence: _____

Post Office Address: _____

Dated: _____

Citizenship: _____

Full name of sole or 4th or joint inventor, if any: None

Inventor's Signature: _____

Residence: _____

Post Office Address: _____

Dated: _____

Citizenship: _____

Full name of sole or 5th or joint inventor, if any: None

Inventor's Signature: _____

Residence: _____

Post Office Address: _____

Dated: _____

Citizenship: _____

Full name of sole or 6th or joint inventor, if any: None

Inventor's Signature: _____

Residence: _____

Post Office Address: _____

Dated: _____

Citizenship: _____